



President's Transition Team Report

Final Draft

*There is nothing more difficult to take in hand,
nor more perilous to execute than to institute
a new order of things. Because you have as
enemies all those who have done well under
the old system and new friends who expect to
do well under the new.*

-Machiavelli The Prince

August 17, 2006

President's Transition Team

The purpose of the President's Transition Team is to foster improved communication, collaboration and cooperation among functional areas, department, and teams in order to eliminate duplication of effort, reduce overall institutional costs and increase measurable value-added outcomes which further the vision and mission of Morehouse School of Medicine.

President's Transition Team Executive Summary

In the last three years of its short history, the Morehouse School of Medicine has been led by two presidents and two deans. Drs. James R. Gavin, III and David Satcher left important and indelible imprints on the "face and the soul" of the Institution, and Drs. Nigel Harris and Marjorie Smith cast lasting impressions on her heart. In April of 2006, the Institution welcomed its ninth Dean, Dr. Eve J. Higginbotham, and Dr. John E. Maupin Jr. assumed his role as the fifth President on July 3, 2006. Given the significant changes that occurred in a brief period of time, a transition team process was proposed by Drs. Maupin and Satcher to facilitate the transfer of power and minimize the disruption in operations that any transition naturally imposes. The summary that follows is intended to provide an overview of the objectives, participants, and design of the transition process as well as a summary of the key issues identified by the team that need to be addressed in the first year of this new chapter in the history of the Morehouse School of Medicine.

Objectives

The intent of the process was "to touch" every dimension of the Institution and identify key areas for immediate action. Team member Gary Key, Vice President for Institutional Advancement, summarized the purpose of the process as follows: "The purpose of the President's Transition Team is to foster improved communication, collaboration, and cooperation among functional areas, departments, and teams in order to eliminate duplication of effort, reduce overall institutional costs, and increase measurable value-added outcomes which further the vision and mission of MSM."

The specific objectives of this transition team process were four fold:

1. To summarize the current status of the core activities of the MSM and provide recommendations for enhancements
2. To assess whether or not the resources are available in each critical area to make the necessary enhancements
3. To determine if the organizational structure is equipped to make the necessary enhancements in each critical area
4. To complement the ongoing strategic planning process by focusing on short term operational initiatives.

Participants

The Transition Team was lead by Dean and Senior Vice President of Academic Affairs, Dr. Eve J. Higginbotham. Core members included the following: Ms. Marilyn Pruitt, Chief Operating Officer; Mr. Eli Phillips, Vice President for Finance; Mr. Gary Key, Vice President for Institutional Advancement; Ms. Terri Winston, Interim Vice President for Governmental Affairs; Ms. Sylvia Nealy, Vice President for Human Resources; and Dr. James McCoy, Immediate Past Chair of the Faculty Assembly. Other members of the Team included the following: Dr. George Rust, Interim Director of the National Center for Primary Care, and Dr. William Alexander, Assistant to the President for Health Affairs. Both Drs. Satcher and Maupin provided input on the team membership and the design of the process. Ms. Gloria Steele and Ms. Adrinna Scott provided staff support.

Summary of the Process

The team met in a series of twelve meetings, considered the key functions of the organization, and identified key operational concerns in a structured matrix design. The matrix forced the discussants to inventory key critical operational issues, provide recommendations for addressing each issue, assess the availability of resources to accomplish the proposed goals, determine if the current organizational structure is efficient enough to achieve these recommendations and finally, list measurable benchmarks to assess the success in meeting each goal.

Key cross-cutting issues, identified early and refined later, were addressed by assigned transition team members at the end of the course of meetings. Lead discussants for each of the predetermined functional areas were encouraged to bring in additional discussants to ensure a robust, comprehensive discussion. To further ensure that all key issues were addressed, items were placed in a "parking lot" until the series of meetings were concluded. These items were reassessed at the end of the process.

The cross-cutting issues identified were as follows:

- Internal Communication
- External Communication
- Corporate Compliance
- Enhancement of the Organization's decision-making Capacity
- Managing external partnerships and affairs.

The key functional areas were the following:

1. The Educational Enterprise
2. The Research Enterprise
3. The Clinical Enterprise
4. Institutional Advancement/Strategic Communication
5. Human Resources
6. Finance
7. Governmental Affairs
8. Information Technology and Systems
9. Campus Planning and Operations
10. The National Center for Primary Care

Each of these areas will be briefly covered in this summary. Additional detail is provided in the attached document.

Cross-Cutting Issues

Internal Communication

Since effective internal communication is critical to the success of any organization, this cross-cutting issue was viewed as a high priority. Poor communication across units results in unnecessary duplication of effort, poor culture, and low morale. The team proposed that a leadership team should be charged with the development of an internal communication plan that employs all modes of communication to facilitate effective internal working relationships across units.

External Communication

Although "branding" of the organization is as important to "internal customers" as it is to "external customers," the external image of the organization needs focused attention. The team identified difficulties in fundraising due to confusion with Morehouse College, and the need to increase the visibility of faculty and staff that have made notable scholarly and substantive contributions to science and the community. Assigning a team of individuals to the development of an external communication plan, with the assistance of an external vendor, was proposed as a next step in enhancing the Institution's external "persona."

Corporate Compliance

In the last ten years, the corporate and academic environment has been transformed by the infusion of unfunded federal mandates and state regulations. Legal liability exposure is consistent with the growth of the institution and must be reduced across all dimensions of the organization. Thus, it is imperative that policies and procedures are developed and updated and appropriate legal talent hired. Installation of appropriate governance and monitoring procedures to ensure ongoing compliance with policies is of utmost importance. It is also important to add internal auditing functions to the Institution's compliance matrix.

Capacity for Effective Decision-making

Efficient decision-making correlates highly with institutional effectiveness. The Transition Team considered this cross-cutting issue and recommended an educational initiative designed to remind key stakeholders regarding the fundamentals of decision-making, e.g. effective use of data and inclusion of the appropriate individuals when issues need to be resolved.

Managing External Relationships

The Institution must first define its external "customers" and then determine strategies to develop and nurture relationships with these "customers." It is essential that the components of the organization (Office of Institutional Advancement, Office of Governmental Affairs, and Office of Community Affairs) which are formally responsible for these relationships effectively communicate.

Key Functional Areas

The Educational, Research, and Clinical Enterprise

A reorganization of the leadership of the educational, research, and clinical enterprise has been implemented in order to facilitate the effective management of the mission-critical components of the organization. Degree programs and the library will report to the Vice Dean and Associate Vice President for Academic and Student Affairs; Morehouse Medical Associates, the Associate Dean for Veteran Affairs, Compliance and Infection Control will report to the Associate Dean for Clinical Affairs; and the Vice President and Associate Dean for Sponsored Research Administration will manage all areas critical to the conduct of research, such as the Associate Dean for Clinical Research, IRB, and Sponsored Programs. The Associate Dean for Administration and Faculty Affairs will serve as the liaison to finance, coordinate departmental and center administrators, and lead the effort to enhance faculty development initiatives in the Institution. These four individuals and the Dean will serve as the core administrative leadership for the educational, research, and clinical enterprise.

Administration and Faculty Affairs

Redesign of the budget process, assessment of the skill set of the unit administrators, and improved faculty appointment, reappointment, and evaluation processes require immediate attention. Centralized faculty affairs functions, specifically faculty recruitment, development, and retention, will be developed.

Education

There are two overarching themes in the educational enterprise that require addressing: accreditation and administration. There is a need for realignment and streamlining of people and resources to provide greater oversight and operational efficiency.

MPH – New CEPH requirements will require reassignment of faculty and potential hiring of new faculty to maintain accreditation.

MSCR – Ongoing support of this program is contingent upon the competitive renewal of the current grant. It is also important to review new criteria for admission and support of degree candidates for MSCR. Plans for the Duke Fellowship in Cardiology also need to be reviewed by GMEC.

Ph.D. – Additional institutional support of the graduate program is needed to achieve a critical mass of the graduate students. There is also a need for enhancement of the facilities needed for the Ph.D. program, and consideration for a Master's degree program is underway.

M.D. – A follow-up report to the LCME is due September 1, 2006. There is a need to increase faculty in key areas as well as to increase exposure to the subspecialty rotations. Plans are underway to enhance the integration of the curriculum in the first two years.

GME – There is a need to improve adherence to established timelines and monitoring processes for internal reviews of residency programs. Succession planning in the administration of GME is also important.

CME – There is a need to assess the program needs of this area in the strategic planning process. A physician director for CME should also be identified.

Student Support – Funds should be identified to hire a full time academic support professional for students enrolled in all degree programs. Scholarship dollars should be identified early in the admissions cycle to facilitate the recruitment of students. External support is needed for pipeline as well as for scholarship programs.

Library – Space and staffing needs of the Library will be assessed in the strategic planning process.

Research

The critical operational issues related to the Research Enterprise are divided into four areas of focus: recruitment and retention, the need to balance federal versus nonfederal support, manpower, and the governance and evaluation of centers and institutes. A Research Affairs Advisory Committee will be charged with developing strategies to address these issues.

Recruitment and Retention of Faculty – Consideration of a faculty incentive program is needed to retain faculty who have been extraordinarily successful in obtaining extramural funding. Assessment of criteria for assigning bridge funding is also needed.

Need to Balance Federal Versus Nonfederal Support – The endowment for the research enterprise must be increased. The Office of Institutional Advancement must actively engage in the research enterprise to assist with the identification and the acquisition of resources from private donors and foundations.

Manpower – Additional senior level staff members are needed in the Office of Sponsored Research Administration. There is also a need to enhance the research environment (i.e. physical, financial, and continuing education) to attract competitive post-doctoral fellows and graduate students. Also, there is a specific need to develop the capacity to facilitate technology transfer.

Centers and Institutes – A mechanism needs to be identified to organize and facilitate the operations of Centers and Institutes. There is also a need to develop a comprehensive plan to sustain the research and to support the growth of thriving Centers and Institutes.

Clinical Enterprise

This area was addressed by two individuals in three sessions; Dr. Sanders covered Clinical Affairs and Dr. Alexander, Health Affairs.

Clinical Affairs

Grady Hospital/Children's Healthcare of Atlanta (CHOA) – There are small numbers of faculty in key areas such as pulmonary, GI, cardiology, trauma, critical care, and general surgery. Pediatrics needs an additional physician at CHOA. There is inadequate space to house faculty and information technology infrastructure at Grady Hospital. Medicaid changes will impact hospital caps for disproportionate share payments and UPL payments. Dialogue should continue with Grady Hospital and the Georgia Department of Community Health to develop options to sustain MSM DSH payments. Specifically, a strategy needs to be developed to address the loss of funds due to the construct of the pass-through mechanism. Disparity in resident compensation at GHS needs to be addressed as it impacts MSM. The sustainability of Grady Hospital must be addressed at the state and federal

level. The relationship with GHS and CHOA must be monitored to assure interests of MSM are addressed on an ongoing basis.

South Fulton Medical Center – MSM Family Medicine Residency Program needs a permanent hospital base. Also, there are a limited number of funded resident FTEs at SFMC to support all the needs of MSM GME initiatives.

Veterans Administration – A strategy is required to incorporate MSM into the Atlanta VA Hospital. Additional opportunities with the outpatient clinic in East Point must be determined.

Faculty Practice Plan – Key business processes must be reinstalled, key administrative positions must be filled, and compliance procedures implemented as quickly as possible. Specifically, IDX must be upgraded and benchmarking with University Health Consortium must be implemented. The affiliation agreement between MSM and MMA must be refined and physician employment agreements must be reviewed.

Health Affairs

The MMA Strategic Planning Process implemented in the spring of 2006 must be completed. The organizational structure of the Institute for Health Policy needs to be defined. The infrastructure for the Health and Wellness Initiative must be developed. Plans for a walking trail and the conduct of aerobics classes in the Harris Building will be explored. The structure for institutional quality improvement processes must be defined. Health Affairs also provides support to the 100 Black Men Health Challenge and to the Katrina Project.

Institutional Advancement/Strategic Communication

Undoubtedly, the enhancement of fundraising capacity using a variety of mechanisms is of paramount importance. The Board of Trustees should be fully engaged in the process and annual goals for their involvement should be set. National and local boards need to be developed and individual donors need to be cultivated.

The loss of the AVP position for Strategic Communication provides an opportunity to fully integrate communication and institutional advancement and to facilitate the translation of the marketing of the MSM "brand into revenue streams. The engagement of an outside consultant will "jumpstart" the process.

The Office of Community Relations and Development needs to work more collaboratively with Institutional Advancement and Strategic Communication. The Cosby/Ritchie fundraising event requires close attention. Relationships with individuals and corporate entities need to be better leveraged.

capital resources and public safety; international health; National Space Biomedical Research Institute Education and Public Outreach Program; and administrative services.

Issues related to compensation seem to be most critical in this area of the organization, particularly in the units of public safety and plants and operations. Furthermore, human capacity in these areas has not increased in the last 15 years despite significant growth in the physical plant. Other components of the infrastructure have failed to keep up with the growth of the campus, such as emergency power to support critical operations. Prolonged watering bans in recent years have made it difficult to maintain the quality of the grounds.

Current Title III funding will expire on 9/30/07. A critical component in the renewal process is the institutional strategic planning process which is currently underway.

Administrative Services requires additional equipment and in-service training for staff in order to continue to deliver the quality of service the Institution needs.

The disposition of key property holdings must be determined in the next fiscal year. Storage needs must be assessed and off-site storage should be considered as an option.

Public Safety requires an upgrade of surveillance systems to ensure a safe and viable campus by June 2007.

International Health will actively seek other sources of extramural funding this next fiscal year to ensure its sustainability. International Health also was asked to assist the MPH program with its accreditation needs.

The NSBRI has grant funding for three years and thus will continue with its summer research program for two medical students and seven undergraduates.

Planning and Institutional Research seeks to develop strategies to assess new programs, evaluate existing programs, and develop ways to adequately allocate resources for existing programs.

The National Center for Primary Care

The Transition Team discussed The National Center for Primary Care early in the process. The discussion coincided with a visit by Dr. Maupin. It was recommended early on that the NCPC should report to the Dean's Office, as do other centers and institutes. The team also discussed the appropriate placement of the Poussaint/Satcher/Cosby Chair in Mental Health within the Institution.

The proposed Satcher Health Leadership Institute will be part of the NCPC until funding levels have been sufficiently increased. Consolidation of other units into the NCPC will be considered to reduce redundancy of effort and cost.

Next Steps

The report summarizes a number of key issues; however, not every issue can be addressed at once. Thus, there is a need to prioritize the key operational initiatives that need immediate attention. The Institution already has begun addressing regulatory requirements, considered issues related to the faculty practice plan, and implemented fundraising initiatives.

On August 11, 2006, the Transition Team met one last time to prioritize areas it considered high priority. These areas can be summarized as follows:

1. Establishment of legislative goals for the year;
2. Reorganization and revitalization of the external and internal communication functions of the Institution;
3. Completion of the LCME progress report;
4. Enhancement of strategies to recruit and retain basic science and clinical faculty;
5. Connecting the budget process with fundraising and planning;
6. Enhancement of the business processes and compliance initiatives at MMA;
7. Launch information technology initiatives, specifically development of a disaster recovery plan, standardization of systems, and the upgrade of administrative software.

Other items which were considered in this prioritization process included:

- Development of a research advisory group which will consider, among other topics, establishment of research priorities, the determination of the life cycle of centers and institutes, and incentive strategies for the researchers;
- Full engagement of the Board of Trustees in **fundraising**;
- Continued development of the corporate compliance program;
- Refinement of the budget process;
- Renewal of the Title **3** grant and the completion of the long range strategic planning process;

- Enhancement of the capacity of the Institution to perform technology transfer;
- Full enhancement of the ability of the Human Resources Department to service the Institution; and
- Finally, the disposition of institutional property holdings needs to be determined.

On behalf of the members of the Transition Team, I appreciate the opportunity to have served in this capacity as we embark on a new chapter in the history of this unique and extraordinary Institution. This document will undoubtedly serve as a solid foundation for continued growth and prosperity of the Morehouse School of Medicine for the coming year and many years in the future.

Respectfully submitted,

Eve J. Higginbotham, M.D.
Dean and Senior Vice President for Academic Affairs
Morehouse School of Medicine